



Illinois State Board of Education  
New U.S. Department of Education Race and Ethnicity Data Standards  
**DOLTON SCHOOL DISTRICT 149**  
**2025-2026**

**Student's Name:** \_\_\_\_\_  
(pre-printed by school district)

**SIS ID:** \_\_\_\_\_  
(pre-printed by school district)

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino**

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to that question below marking one or more boxes to indicate what you consider this student's race to be.*

**Part B. What is the student's race?** **Choose one or more.**

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North America.)

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Parent Signature Line: \_\_\_\_\_



**Dolton School District 149**  
**New Student Registration Form**  
**2025-2026**

A person who knowingly or willfully provides false information to a school district regarding the residency of a pupil for the purpose of enabling the pupil to attend any school in the district without the payment of a nonresident tuition charge commits a Class C misdemeanor (not more than thirty days in jail and/or a fine not to exceed \$1500.00). School Code 105ILCS 5/20.1b & 730ILCS 5/5-9-1

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Middle Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Gender: F M Last Grade Attended \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Office Use Only:  
Residency  
Verified By:

**Homeless? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, complete the residency verification forms and contact our Homeless Liaison to set up an appointment at 708-868-8300.**

Family Street Address: \_\_\_\_\_ City: \_\_\_\_\_ IL 604 \_\_\_\_\_

Parent/Guardian/Foster Name: \_\_\_\_\_  
(Circle one) Last Name First Name

Address if different from above: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/Guardian/Foster Name: \_\_\_\_\_  
(Circle one) Last Name First Name

Address if different from above: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Pertinent Medical

Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Please check one of the statements below in reference to member of branch of the Armed Forces of the United States.**

\_\_\_ I am a parent or guardian who is a member of a branch of the armed forces of the United States and who is deployed to active duty.

\_\_\_ I am not a parent or guardian who is a member of a branch of the armed forces of the United States.

#### SCHOOL INFORMATION

Previous School (s) Attended

Grade/Year	School	Address	District	City	State	Last Attended
/						
/						
/						
/						

Siblings attending District 149:

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Was your child receiving any special services beyond the regular classroom?

Learning Disabilities \_\_\_\_Yes \_\_\_\_No Counseling or Social Work \_\_\_\_Yes \_\_\_\_No

Accelerated or Gifted \_\_\_\_Yes \_\_\_\_No Speech or Language Therapy \_\_\_\_Yes \_\_\_\_No

Behavior Disordered \_\_\_\_Yes \_\_\_\_No Band Instrument \_\_\_\_Yes \_\_\_\_No

Has your child ever been retained? \_\_\_\_Yes \_\_\_\_No If yes, at what grade level \_\_\_\_\_

Was behavior a problem for your child in his previous school (s)? \_\_\_\_Yes \_\_\_\_No

If yes, please explain using specific examples:

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**DOLTON SCHOOL DISTRICT 149**

**RESIDENCY ATTESTATION FORM**  
**2025-2026**

To be used when a lease is not available:

In order to comply with Dolton School District 149 proof of residency requirement, I verify the following information for

**Name of Student(s) and Custodian(s)**

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I, \_\_\_\_\_ am the \_\_\_\_\_ owner \_\_\_\_\_ lease holder \_\_\_\_\_ landlord residence  
(place an X in the appropriate space)

located at \_\_\_\_\_  
Number, Street, Apt# City State Zip Code

I attest that the student(s) named above and his/her custodian(s) have been living at the above address since  
\_\_\_\_\_ (date).

Owner/Leaseholder/Landlord \_\_\_\_\_  
Signature Date

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Property owners must attach a copy of their current real estate document.

Leaseholders must attach a copy of the current lease.

Landlords may be asked to provide additional information at a later time.

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\*\*\* Attestation of Residency

Office Use Only

Has a transfer from previous school: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has a current IEP: \_\_\_\_\_ Yes \_\_\_\_\_ No      Busing Transportation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Student: \_\_\_\_\_

Assigned to Homeroom#: \_\_\_\_\_ Teacher: \_\_\_\_\_

7/28/2022



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Specialized Services

# School District 149

292 Torrence Avenue  
Calumet City, Illinois 60409  
708-868-8300  
708-868-7850  
www.sd149.org

## HEALTH HISTORY 2025-2026

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does child have any major physical disability? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Is your child allergic to peanuts/peanut oil? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

<u>Disease History</u>	YES	NO	<u>Disease History</u>	YES	NO
Allergy	_____	_____	Scarlet Fever	_____	_____
Asthma	_____	_____	Streptococcus Infection	_____	_____
Bronchitis	_____	_____	Heart Disease	_____	_____
Otitis (ear infection)	_____	_____	Rheumatic Fever	_____	_____
Chicken Pox	_____	_____	Pneumonia	_____	_____
German Measles	_____	_____	Diabetes	_____	_____
Measles	_____	_____	Epilepsy	_____	_____
Mumps	_____	_____	Convulsions (seizures)	_____	_____

### Name(s) of siblings attending school:

<u>Names</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency in where the parent/guardian cannot be reached, the following  
should be contacted:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

07/2022



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Age of Vaccination	DTP	TD	OPV or IVP	MMR	HIB	Hep B	Varicella	Tdap	Meningococcal MCV
1-2 months						X			
2 months	X		X		X				
4 months	X		X		X	X			
6 months	X		X		X				
6-18 months						X			
12-15 months				X	X		X		
15 months	X								
2-3 years*					X				
4-6 years**	X		X	X		Series	X		
10-11 years***						Series		X	X
Every 10 years		X							

\*Preschool students must have completed the immunizations on this line and above.

\*\*This series of boosters is required before starting school.

\*\*\*All students entering 6<sup>th</sup> grade must have completed series of Hepatitis B and other required series before starting school.

If you need assistance concerning this information, please contact the Cook County Department of Public Health, your physician, or your school nurse.



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## August 2025

Dear Parents/Guardians:

The following are requirements for physical examinations, immunizations, dental examinations and vision examinations for the **2025-2026** school year. All forms are located in the School Health Office and on our district website at [www.sd149.org](http://www.sd149.org).

- **Physical Examinations/Immunizations are due October 15, 2025.** All children are required by Illinois law to have a **physical examination and required immunization** by a licensed physician prior to entrance into **pre-kindergarten, kindergarten, and 6<sup>th</sup> grade**.
- **A Diabetes screening is mandatory** as a part of the physical health examination.
- In conjunction with the health physical, a **mandatory Lead screening** is required for children aged **1-7 years old**.
- **Dental Examinations are due May 15, 2026.** A dental examination is mandatory for entry into **kindergarten, 2<sup>nd</sup>, and 6<sup>th</sup> grades**.
- **Vision Examination**-Public Act 95-671, effective January 1, 2008, requires that all children enrolling in kindergarten in a public, private or parochial school and any student enrolling for the first time in a public, private or parochial school shall have an eye examination. Each child is to present proof of having been examined by a licensed physician or a licensed optometrist within the previous year before October 15 of the school year.
- **Tdap**-A new rule was enacted in August 2011 to increase the proportion of students in grades **6<sup>th</sup>-12<sup>th</sup>** who are vaccinated against pertussis. The new rule stipulates that children entering grades **6<sup>th</sup>-12<sup>th</sup>** must show proof of receiving one dose of Tdap regardless of the interval since the last DTaP, DT or Td dose.
- **MCV** – A new rule was enacted in August 2015. All students entering **6<sup>th</sup> grade** must show proof of receiving one dose of MCV.

During School year 2024-2025 students entering 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade will be required to provide documentation of receipt of one dose of Tdap.

The chart explains all the **required immunizations needed before entry into pre-kindergarten, kindergarten and 6<sup>th</sup> grade for the 2025-2026 school year**.

**DTP (diphtheria, tetanus & pertussis)/TD (tetanus & diphtheria)/OPV or IVP (polio vaccine)/MMR (measles, mumps & rubella)/HIB (type of meningitis)/Hep B (hepatitis B vaccine)/Tdap (tetanus, diphtheria, & pertussis) MCV (Meningococcal)**





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## Home Language Survey 2025-2026

The State of Illinois requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify students that need to be assessed for English language proficiency. Please answer the questions below and return this survey to your child's school.

Student's Name \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

1. Is there a language other than English spoken in daily interaction in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what language?** \_\_\_\_\_

2. Does your child speak a language other than English in your daily interaction in your home? **(This does not include language learned in a classroom setting.)** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what language?** \_\_\_\_\_

If the answer to either question is yes, Illinois law requires the district to assess your child's English language proficiency.

3. Will you require an interpreter for school related information?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Screener Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_



**DOLTON SCHOOL DISTRICT 149**

**PARENT IN GOOD STANDING FORM**  
**2025-2026**

I, \_\_\_\_\_ agree that my child is in “good standing”  
Parent/Guardian Name

(with academics, medical compliance and discipline). I further agree that my child(ren) was/were not expelled during the period in which I am enrolling. I understand that if this information is found to be falsified, my child(ren) will be transferred out of School District 149.

**This form is only good for one (1) school year, private/parochial school transfer document.**

Child's Name \_\_\_\_\_

District 149 School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Home Address \_\_\_\_\_



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# School District 149

## CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS 2025-2026

I hereby consent to the release of the following information from the school student records of:

Student Name: \_\_\_\_\_

-----

☐ Education information from the: ☐ Permanent Record ☐ Temporary Record

☐ Psychological, Social and Medical Information

☐ Other:

\_\_\_\_\_

\_\_\_\_\_

Please release the above information to the following school/person:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

The reason for release: \_\_\_\_\_

**I understand that I have the right to inspect, copy, and challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the school student records designated records or designated portions of information in the school student records.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent/Guardian**



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## August 2025

Dear Parent/Guardian:

The School Code of Illinois, Chapter 105, Article 5/27-8.1 states that all children are required to have a physical examination and all required immunizations prior to kindergarten and 6th grade and irrespective of grade, immediately prior to entrance into school if the child has not been previously examined. **For entry into kindergarten, 2<sup>nd</sup> and 6<sup>th</sup> grade a Dental Examination is mandatory.** Failure to provide the required medical records will result in your child and/or children being withdrawn from our district for the 2025-2026 school and a transfer will be issued.

\_\_\_\_ Record of physical examination

\_\_\_\_ Complete record of immunizations that comply with Illinois requirements

\_\_\_\_ **All 6th graders need a New Physical Examination, Tdap, and  
Meningococcal Conjugate (MCV4)**

\_\_\_\_ DTaP or Tdap

\_\_\_\_ Polio (OPV/IPV) booster

\_\_\_\_ MMR: 1<sup>st</sup> MMR, 2<sup>nd</sup> MMR (measles, mumps, rubella)

\_\_\_\_ Hepatitis B series (1st, 2nd, 3rd)

\_\_\_\_ Written schedule for completion of required immunizations

\_\_\_\_ Varicella Vaccine: 1<sup>st</sup> Varicella, 2<sup>nd</sup> Varicella or proof of the chicken pox disease

\_\_\_\_ Dental Exam

\_\_\_\_ Kindergarten eye examination or eye examination waiver form

It is our goal to have all of our students return to Dolton School District 149. If you are in need of assistance, please feel free to contact your building principal or school nurse.

Thank you,

Dr. Maureen M. White  
Superintendent of School



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## New Student Registration Requirements 2025-2026

*A person who knowingly or willfully provides false information to a school district regarding the residency of a pupil for the purpose of enabling the pupil to attend any school in the district without payment of a nonresident tuition charge commits a Class C misdemeanor (not more than thirty days in jail and/or fine not to exceed \$1500.00)*  
**SCHOOL CODE: 105KLCS 5/20.12B & 730 ILCS 5/5-9-1.**

Below is a list of acceptable proofs of residency that are required to register a new student in Dolton School District 149. **All documents must have an address within the Dolton School District 149 attendance boundaries.**

### Mandatory Documents:

- Original certified birth certificate
- Valid state issued I.D. or driver's license \*
- Official transfer from the child's previous school
- Current/updated physical including immunization records

### Category A: One (1) document from this list:

- Real Estate tax bill
- Signed lease
- Mortgage document or payment book
- Residency Attestation
- Military housing letter
- Section 8 letter

### Category B: Two (2) documents from this list:

- Utility bill (i.e.: gas bill, electric bill, water bill)
- Phone bill (no cellular phone bills)
- Cable bill
- Vehicle registration
- Bank statement
- Public Aid card/Medicaid card
- Credit card statement
- Paycheck stub
- City sticker receipt

**\*Dolton School District 149 fully complies with all registrations for undocumented immigrants in compliance with Plyer v. Doe to ensure equal educational access for all!**



**DOLTON SCHOOL DISTRICT 149**

**NEW STUDENT REGISTRATION – REQUIRED DOCUMENT LIST**  
**2025-2026 SCHOOL YEAR**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

**Mandatory Documents:**

- ☐ Original certified birth certificate
- ☐ Valid state issued I.D. or driver's license \*
- ☐ Official transfer from the child's previous school
- ☐ Current/updated physical including immunization records

**Category A: One (1) document from this list:**

- ☐ Real Estate tax bill
- ☐ Signed lease
- ☐ Mortgage document or payment book
- ☐ Residency Attestation
- ☐ Military housing letter
- ☐ Section 8 letter

**Category B: Two (2) documents from this list:**

- ☐ Utility bill (i.e.: gas bill, electric bill, water bill)
- ☐ Phone bill (no cellular phone bills)
- ☐ Cable bill
- ☐ Vehicle registration
- ☐ Bank statement
- ☐ Public Aid card/Medicaid card
- ☐ Credit card statement
- ☐ Paycheck stub
- ☐ City sticker receipt